

Fig. 2

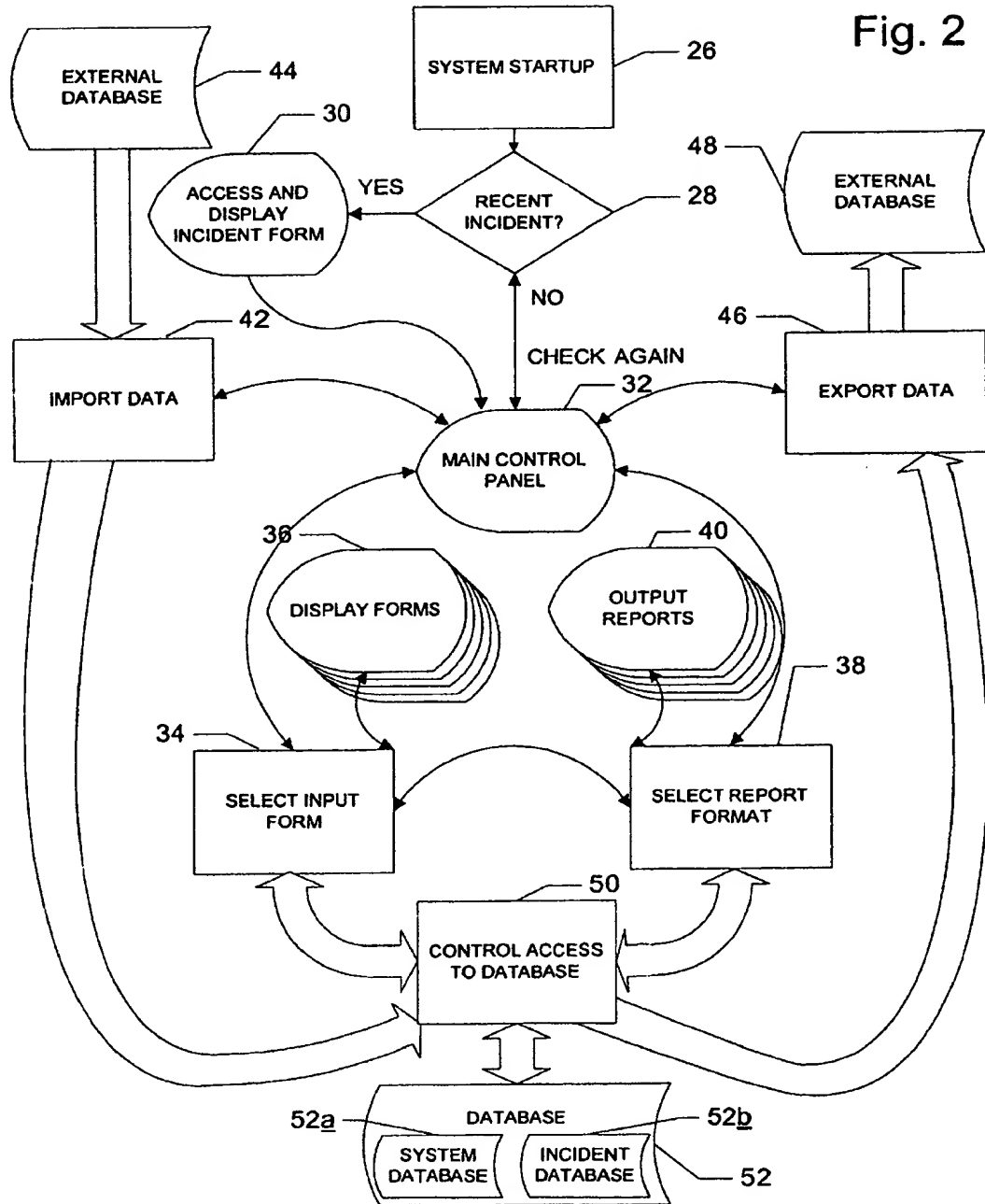


FIG. 3

Accident Report Recap:

WHAT Strains/Sprains Ankle(s) ☒ Left ☐ Right 58

WHEN 1/17/95 HOW LONG 1/17/95 1/20/95 Date Left Date Returned 58

HOW BAD ☐ Fatality? 58

Company Accident Description:

Employee sprained ankle when struck by falling beam.

OSHA 200 Form Accident Description:

54

56

58

60

Accident Vitals

Injury Related

Illness Related

Fig. 4A1

[illegible]

Fig. 4A2

<p>RECORDABLE CASES: YOU ARE REQUIRED TO RECORD INFORMATION ABOUT EVERY OCCUPATIONAL DEATH, EVERY NONFATAL OCCUPATIONAL ILLNESS, AND THOSE NONFATAL OCCUPATIONAL INJURIES WHICH INVOLVE ONE OR MORE OF THE FOLLOWING: LOSS OF CONSCIOUSNESS, RESTRICTION OF WORK OR MOTION, TRANSFER TO ANOTHER JOB, OR MEDICAL TREATMENT (OTHER THAN FIRST AID). (SEE DEFINITIONS ON THE OTHER SIDE OF FORM.)</p>	
<p>DEPARTMENT</p> <p>ENTER DEPARTMENT IN WHICH THE EMPLOYEE IS REGULARLY EMPLOYED OR A DESCRIPTION OF NORMAL WORKPLACE TO WHICH EMPLOYEE IS ASSIGNED, EVEN THOUGH TEMPORARILY WORKING IN ANOTHER DEPARTMENT AT THE TIME OF THE INJURY OR ILLNESS</p> <p>(E)</p>	<p>DESCRIPTION OF INJURY OR ILLNESS</p> <p>ENTER A BRIEF DESCRIPTION OF THE INJURY OR ILLNESS AND INDICATE THE PART OR PARTS OF BODY AFFECTED</p> <p>TYPICAL ENTRIES FOR THIS COLUMN MIGHT BE: AMPUTATION OF 1ST JOINT RIGHT FOREFINGER; STRAIN OF LOWER BACK; CONTACT DERMATITIS ON BOTH HANDS; ELECTROCUTION-BODY</p> <p>(F)</p>
<p>PREVIOUS PAGE TOTALS</p>	
<p>TOTALS (INSTRUCTIONS ON OTHER SIDE OF FORM)</p>	

Fig. 4B1

[illegible]

Fig. 4B2

[illegible]

Fig. 4B3

[illegible]

9/67

FIG. 5

Start Year

End Year:

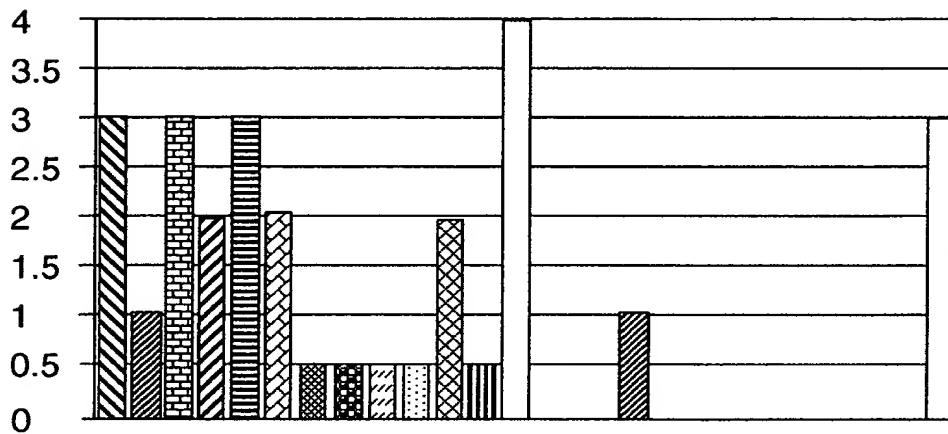
Co:

Locale

Dept:

70

Accident Analysis – By Nature of Injury



66

68

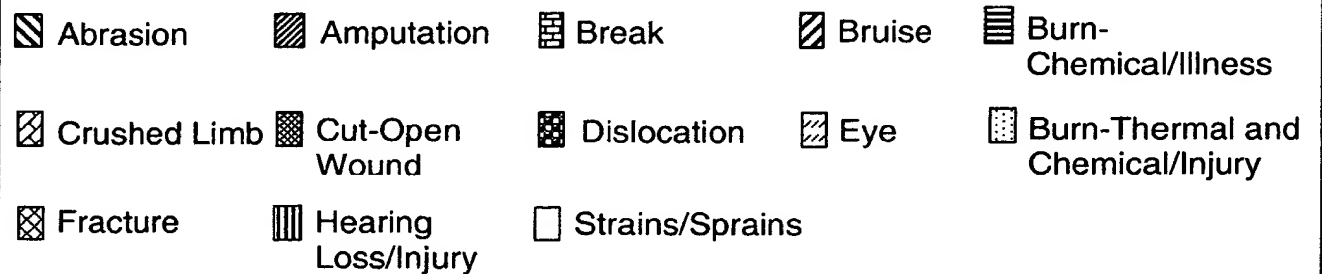


FIG. 6

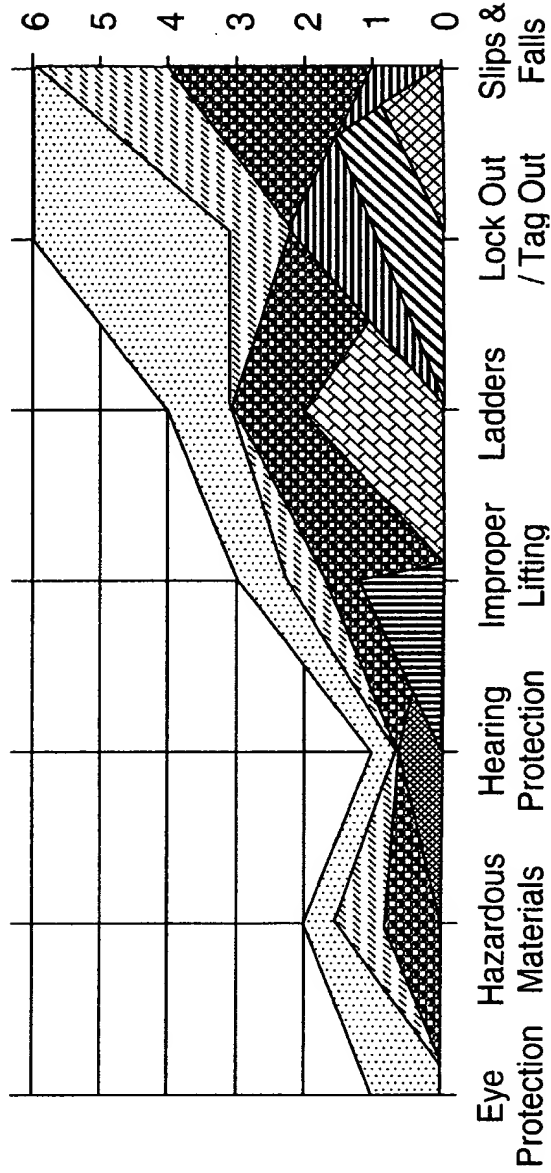
Year: 1994

Co:

Locale

Dept:

Accident Type



January February March April May June
 July August September October November December

11/67

FIG. 7

Year:	<input type="text" value="1994"/>
Co:	<input type="text"/>
Locale	<input type="text"/>
Dept:	<input type="text"/>

70

Accident Analysis – By Day of the Week

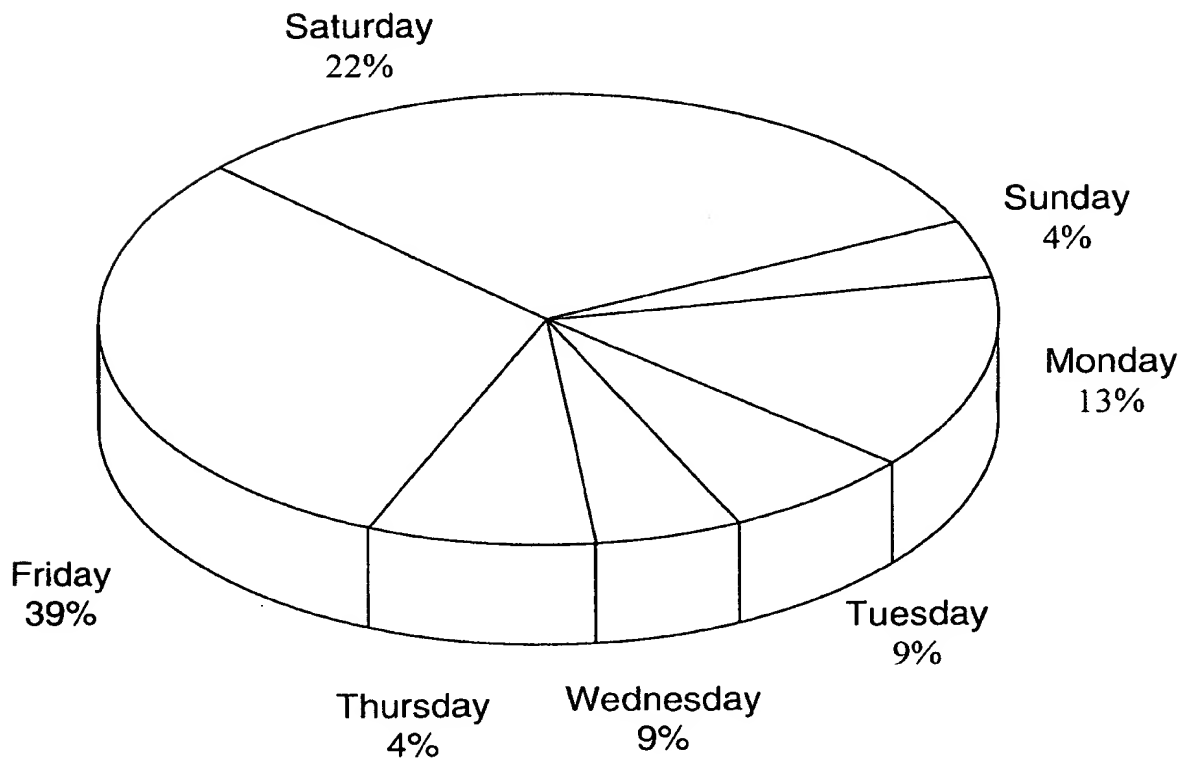


Fig. 8

SOS REPORT - STATUS REPORT										
REPORT DATE										
REPORT ID/INFO:		INITIAL REPORT				INVESTIGATION				
		NATURE	DATE	C. ACTION	SUPVR.	ACTION ND	CAUSE	P. ACTION	ACKNOWL	COMPLTD
1089	GRANT NEAR MISS ON 3/14/94									
1901	CHAISE UNSAFE ACT ON 5/1/94									
10875	WALLER BREAK ON 5/14/94									
1005	COLE UNSAFE ACT ON 5/14/94									
1698	JEFFERSON ON 1/18/95									

Fig. 9

**SAFESTAR-MASTER LIST ALL
PARTICIPANTS (ALPHA)
REPORT DATE: 11-JULY-95**

VITAL STATISTICS:

NAME:	BOYNTON, SUSAN
ADDRESS:	13201 NE 44TH STREET #44
CITY/ST/ZIP:	VANCOUVER, WA 98682
PHONE:	206-896-9726

EMPLOYMENT INFORMATION:

SOC. SEC #	5409629444
D.O.B.	8/3/64
HIRED/LOE:	5/12/76 - 19 YRS 2 MOS
DEPT# NAME	3 - TRUCKING

VITAL STATISTICS:

NAME:	CHAISE, CHEVY
ADDRESS:	499 FOX BLVD.
CITY/ST/ZIP:	HOLLYWOOD, CA 76004
PHONE:	310-655-7324

EMPLOYMENT INFORMATION:

SOC. SEC #	545069823
D.O.B.	5/17/47
HIRED/LOE:	4/11/78 - 17 YRS 3 MOS
DEPT# NAME	2 - OFFICE

VITAL STATISTICS:

NAME:	GRANT, LOU
ADDRESS:	497 WRITERS DR.
CITY/ST/ZIP:	PERIODICAL, NE 97640
PHONE:	402-555-2222

EMPLOYMENT INFORMATION:

SOC. SEC #	789879742
D.O.B.	12/2/40
HIRED/LOE:	6/14/90 5 YRS 1 MOS
DEPT# NAME	5 - RETAIL

VITAL STATISTICS:

NAME:	JEFFERSON, GEORGE
ADDRESS:	804 HIGH RISE BLVD
CITY/ST/ZIP:	NEW YORK, NY 80754
PHONE:	201-555-6890

EMPLOYMENT INFORMATION:

SOC. SEC #	773901320
D.O.B.	8/13/58
HIRED/LOE:	7/18/88 - 7 YRS 0 MOS
DEPT# NAME	1 - MANUFACTURING

Fig. 10A

ACCIDENT REPORT SYNOPSIS BY PERIOD						
REPORT DATE: 11-JUL-95						
REPORT START		01-JAN-94		REPORT END		01-JAN-95
MONTH JANUARY						
DEPARTMENT 1 - MANUFACTURING						
INJURY DATE	LAST NAME	FIRST	SSN	NATURE OF INJURY	ACCIDENT TYPE	LOE
1/14/94	KEATON	BUSTER	812902231	THERMAL & CHEMICAL	LOCK OUT/TA	1 YRS-10 MOS
ACCIDENT DESCRIPTION				WHEN A DOOR TO THEM MAIN FURNACE WAS OPENED ACCIDENTALLY, EMPLOYEE'S RIGHT ARM WAS BURNED WHEN THE FURNACE LOCK-OUT / TAG-OUT SWITCH FAILED TO ENGAGE		
CORRECTIVE ACTION TAKEN				HAVE SHUT DOWN THE FURNACE AND ORDERED REPAIRS MADE. ALSO, HAVE ADVISED EMPLOYEE OF CORRECT PROCEDURE.		
MONTH FEBRUARY						
DEPARTMENT 1 - MANUFACTURING						
INJURY DATE	LAST NAME	FIRST	SSN	NATURE OF INJURY	ACCIDENT TYPE	LOE
2/11/94	JEFFERSON	GEORGE	773901320	RN-CHEMICAL/ILLN	HAZARDOUS M	6 YRS - 4 MOS

Fig. 10B

ACCIDENT DESCRIPTION		EMPLOYEE BURNED ARM WITH ACID				
CORRECTIVE ACTION TAKEN						

INJURY DATE	LAST NAME	FIRST	SSN	NATURE OF INJURY	ACCIDENT TYPE	LOE	TIME IN DEPT
2/11/94	KEATON	BUSTER	813902231	HEARING LOSS/INJURY	HEARING PROT.	2 YRS - MOS	

ACCIDENT DESCRIPTION	EMPLOYEE RECEIVED HEARING INJURY DUE TO FAILURE TO WEAR HEARING PROTECTION PROPERLY	
CORRECTIVE ACTION TAKEN	HAVE ADVISED CORRECT PROCEDURE	

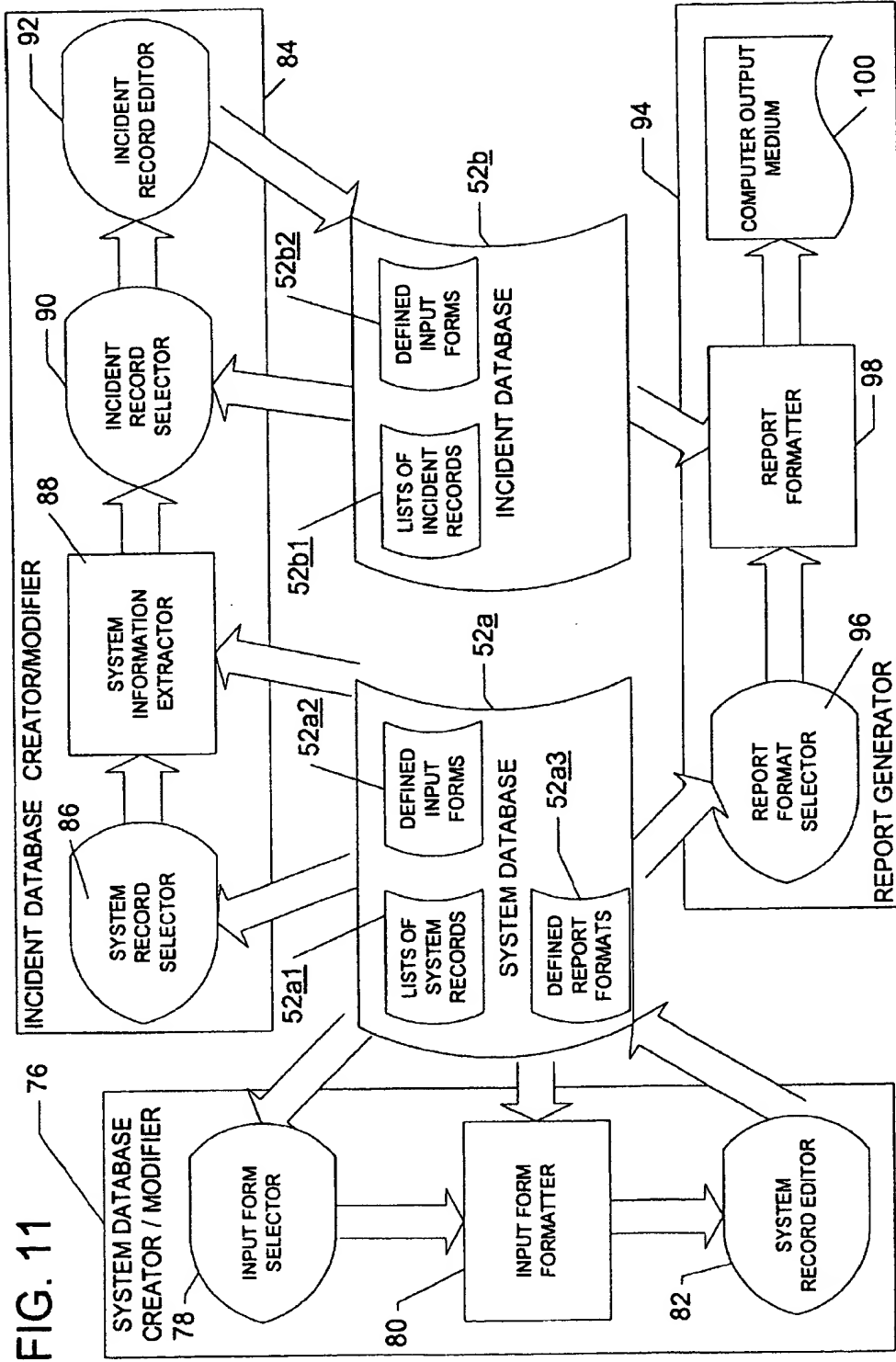


Fig. 12

```
graph TD; A[MAIN SWITCHBOARD  
(OPENING SCREEN AND PRIMARY  
NAVIGATION PLATFORM)] --> B[MAIN FORMS SWITCHBOARD]; B --> C[MAIN REPORTS SWITCHBOARD]
```

The flowchart illustrates a three-step process. It begins with a box labeled "MAIN SWITCHBOARD (OPENING SCREEN AND PRIMARY NAVIGATION PLATFORM)". An arrow points down to a second box labeled "MAIN FORMS SWITCHBOARD". Another arrow points down from the second box to a third box labeled "MAIN REPORTS SWITCHBOARD".

ACCIDENT NOTICE

1 accident(s) Occurred Yesterday. Select from the list below to go directly to that accident(s).

Tarkannian Stuart - Fracture on 3/3/95

Go To Accident

Close

LOOKUP:	<input type="text"/>					EDIT	DELETE	ADD	CLOSE	VERRIDE
---------	----------------------	--	--	--	--	------	--------	-----	-------	---------

Fig. 14









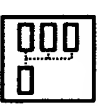

<div>MAIN SWITCHBOARD</div> <div>PERFORMANCE UPDATE</div> <div> <div>TODAY'S DATE 3/3/95</div> <div>TIME 06:58 AM</div> </div> <div> <div># ENROLED 13</div> <div># ACCIDENTS 32</div> </div> <div>ADMIN "\$" SAVED TO DATE \$800.00</div>		<div>  <div>FORMS SWITCHBOARD</div> </div>		<div>  <div>REPORTS SWITCHBOARD</div> </div>		<div>  <div>ADD & MODIFY PER-MISSIONS</div> </div>	
		<div>  <div>CHECK FOR ACCIDENTS</div> </div>		<div>  <div>DELETE SAMPLE DATA</div> </div>		<div>  <div>ON-LINE HELP</div> </div>	
		<div>UTILITY FUNCTIONS</div>					
		<div>  <div>IMPORT FILES</div> </div>		<div>  <div>EXPORT FILES</div> </div>			
		<div>  <div>VERIFY TABLE ATTACHMENTS</div> </div>		<div>  <div>EXIT SAFESTAR</div> </div>			

Fig. 16



A rectangular dialog box with a title bar at the top containing the text "Sign-On". Below the title bar is a message box containing the text "Please enter your sign-in code and password" and "Only authorized personnel may use the program". Below the message box are two input fields. The first input field is followed by a label "SIGN-ON CODE". The second input field is followed by a label "PASSWORD". At the bottom of the dialog box are two buttons: "OK" and "CANCEL".

Sign-On

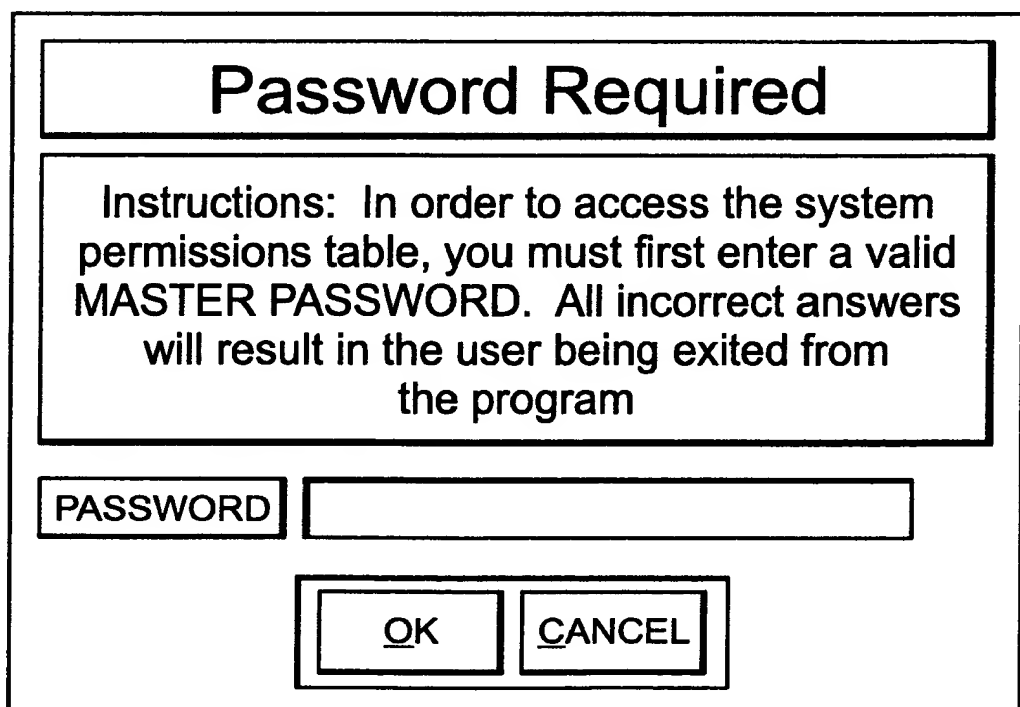
Please enter your sign-in code and password
Only authorized personnel may use the program

SIGN-ON CODE

PASSWORD

OK **CANCEL**

Fig. 17



A rectangular dialog box with a title bar at the top containing the text "Password Required". Below the title bar is a message box containing the text "Instructions: In order to access the system permissions table, you must first enter a valid MASTER PASSWORD. All incorrect answers will result in the user being exited from the program". Below the message box is a label "PASSWORD" followed by an input field. At the bottom of the dialog box are two buttons: "OK" and "CANCEL".

Password Required

Instructions: In order to access the system permissions table, you must first enter a valid MASTER PASSWORD. All incorrect answers will result in the user being exited from the program

PASSWORD

OK **CANCEL**

Fig. 18

LOOKUP:

DELETE

ADD

CLOSE

Instructions: To Add/Modify/Delete a permissions record, follow these steps
Step #1: Sign-On ID= Any letter / number combination that identifies the user (required)
Step #2: Password = Any letter / number combination (no spaces) that acts as a secondary security level (e.g. dept. name, file name, etc.)
Step #3: Company = Select a specific company name from the list or leave the "*" if unlimited access is desired, (note: the "*" is the default value, if you want to restrict the records for this user to a specific company you will need to replace the "*" with a company name
Step #4: Level = Within a given company, Select a specific plant/location # from the list, or leave "*" if unlimited access is desired. (Same note applies as for the company. see Step #3)

Master Password

Change Master Password

Sign-On ID

Password

Company

Level

<div></div>	<div></div>	<div>*</div>	<div></div>	<div></div>	<div>*</div>
<div>*</div>	<div></div>	<div>*</div>	<div></div>	<div></div>	<div>*</div>

Fig. 19

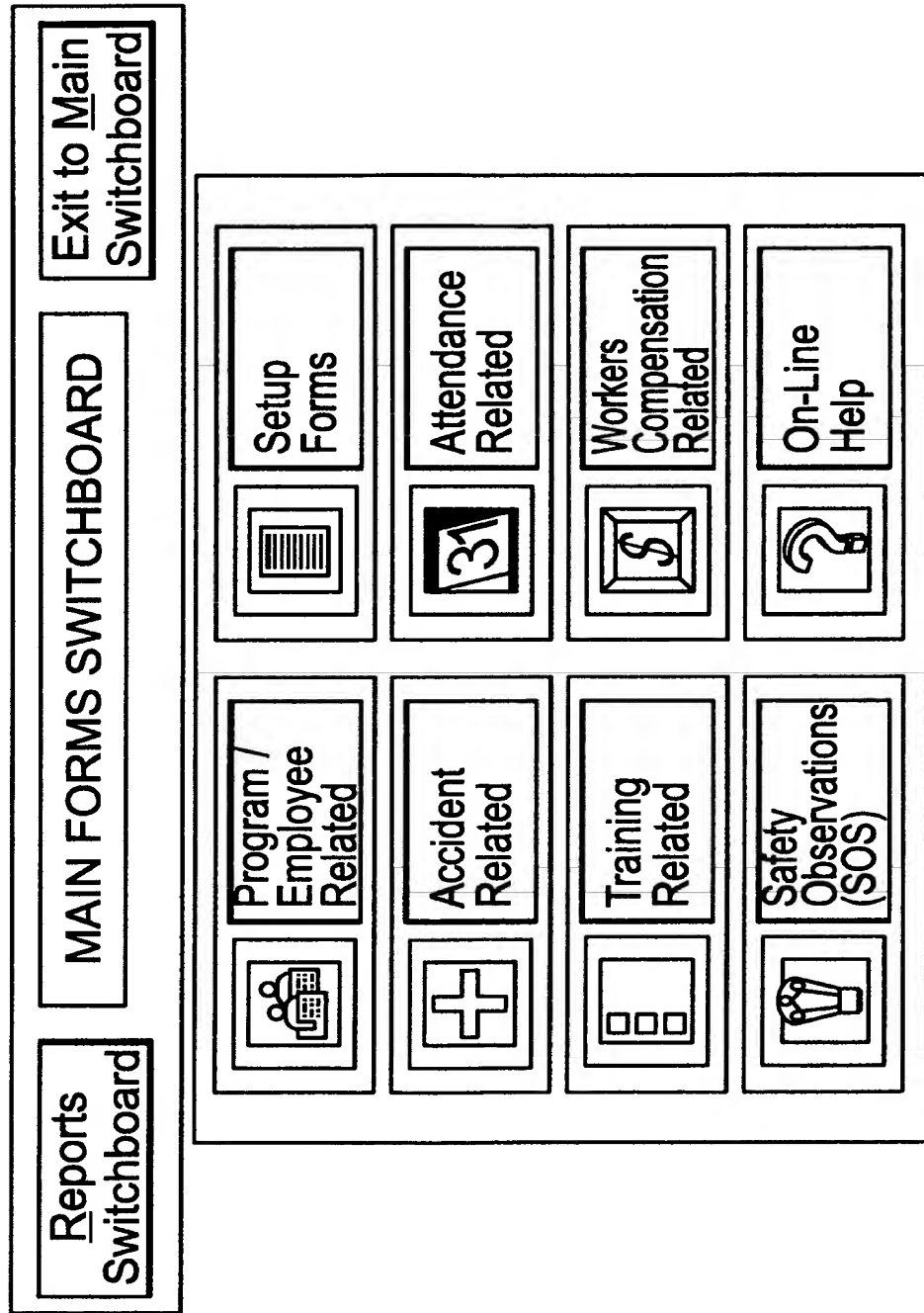


Fig. 20

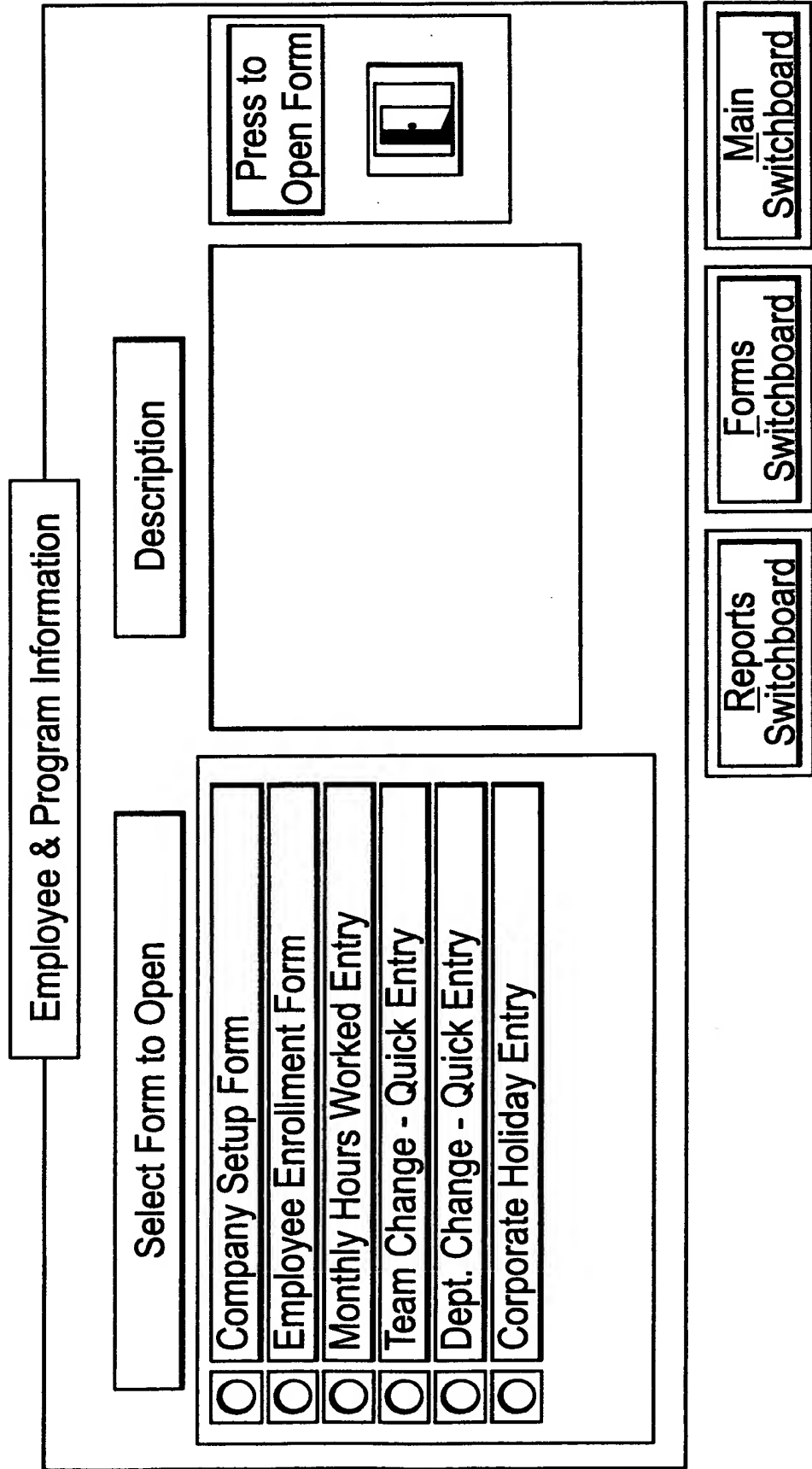


Fig. 21

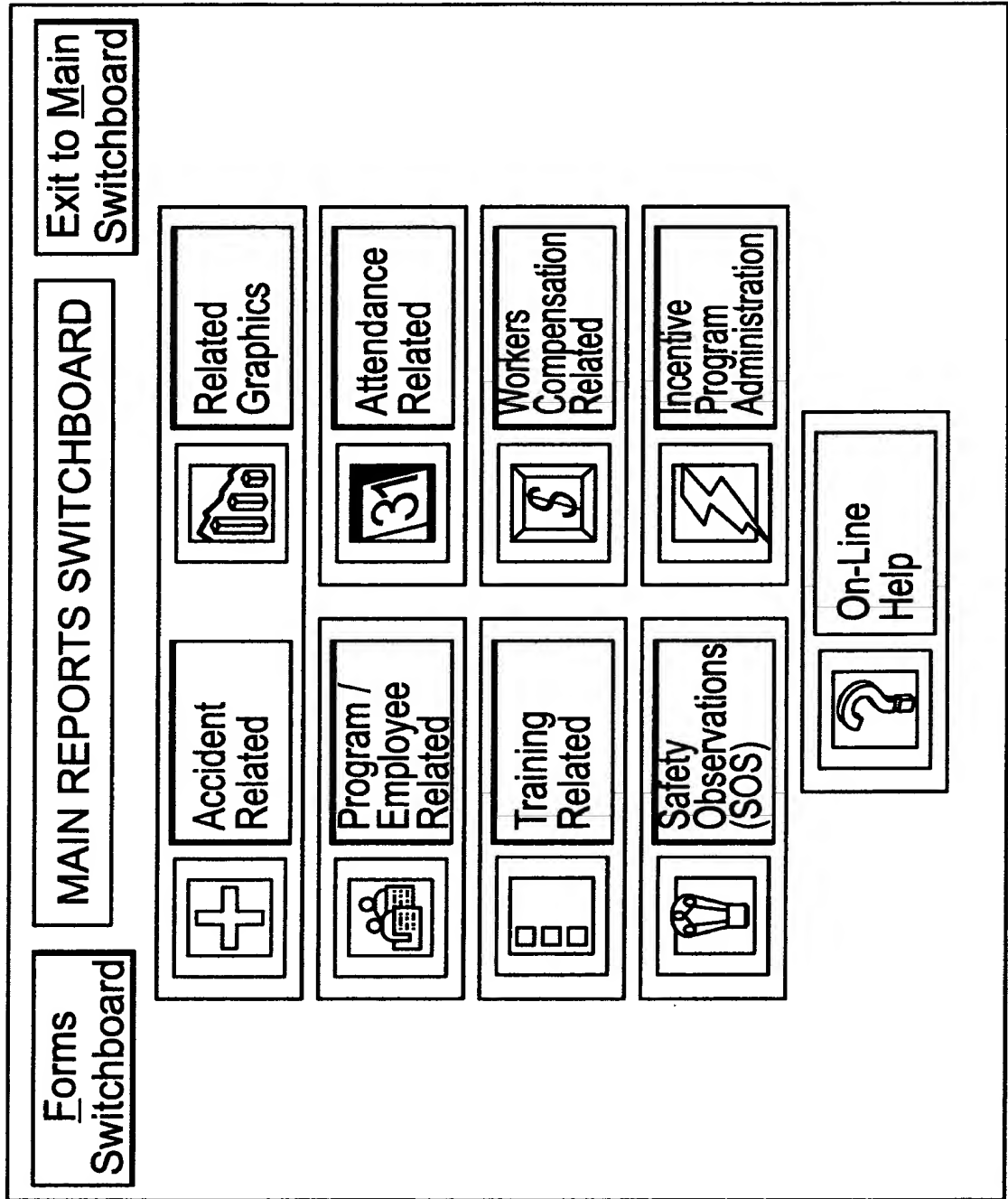


Fig. 22

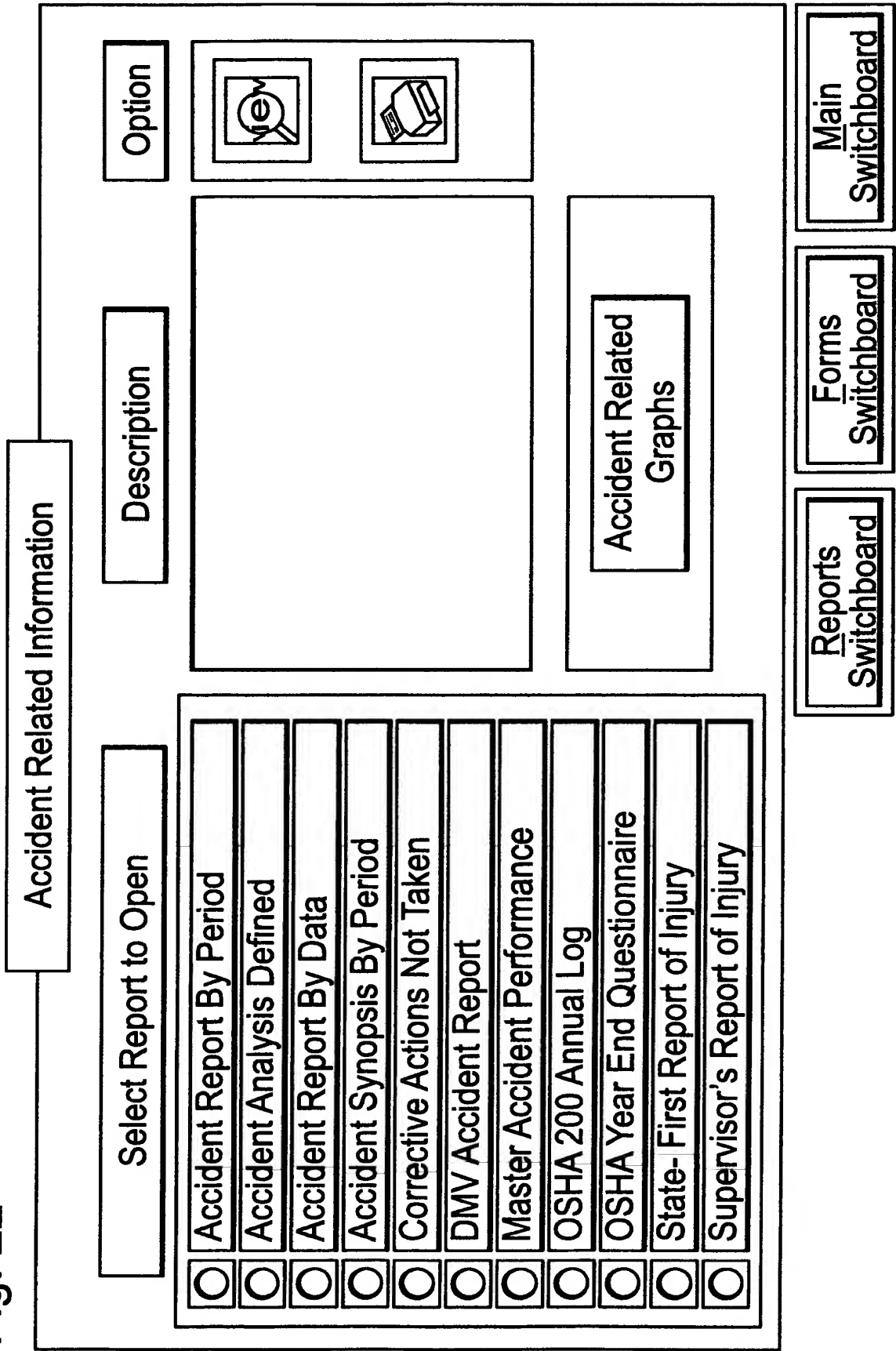


Fig. 23

Company Setup									
Save		Close		Add		Open Dept. Setup Form		Configure Printer Now	
		Company Name							
		Address						FED ID #	
		Address							
City		ST		ZIP		County		Telephone	
Locator #		999		State of Op:					
General Nature of Business:				Gen. Mgr. or Pres.					
Industry:				SIC Code:					
Primary Hospital:				Of Record					
<div> <div>Page Down</div> <div>Workers Comp. Insurance Info.</div> </div>					<div> <div>Page Bottom</div> <div>State Workers Comp. Division Info.</div> </div>				

Fig. 24

Body Part - Entry Form	
<input type="button" value="EDIT"/> <input type="button" value="ADD"/> <input type="button" value="DELETE"/> <input type="button" value="CLOSE"/>	
Body Part	Code
▶ Abdomen (Includes Internal Organs)	515
Ankle(s)	520
Arm(s)	507
Back (lower, Mid, Upper)	513

Fig. 28

	Counter
LAST	Text
FIRST	Text
SSN	Number
Birthday	Date/Time
LOE	Text
ADJ	Date/Time
Address	Text
City	Text
State	Text
Zip	Number
PHONE	Text
DEPT	Text
Dept Name	Text
Company	Text
Locale	Text
HrlyRate	Number
Occupation	Text
	Text

Fig. 25

Master Enrollment Form											
LOOKUP:		<input type="text"/>	<input type="button" value="↕"/>	<input type="button" value="⏮"/>	<input type="button" value="⏪"/>	<input type="button" value="⏩"/>	<input type="button" value="⏭"/>	<input type="button" value="EDIT"/>	<input type="button" value="DELETE"/>	<input type="button" value="NEW"/>	<input type="button" value="CLOSE"/>
		ID:		<input type="text"/>							
		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
Company Name:		Location:		<i>Required Only for Network Installations</i>							
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
Last:		First:		Social Security #:		Date of Birth:					
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>					
Address:		<input type="text"/>									
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>					
City:		State:		Zip:		Phone Number:					
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>					
2		<input type="text"/>		OFFICE		SUPERVISOR		<input type="text"/>		\$10.00	
Debit Code:		Dept. Name:		Occupation:		Hourly Rate		Date of Hire:			
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>			
5		<input type="text"/>		FALCONS		Complete if Safety Awareness Program will be used and based on "Team" Performance.		6yrs. 11mos. Length of Employment:			
Team Code:		Team Name:									
<input type="text"/>		<input type="text"/>									

Fig. 26

ATTENTION! VERY IMPORTANT INFORMATION

You have selected the IMPORT function of the program.

In the event that you continue without completing all of the required steps and are exited out of the program, be assured that your data will not be lost. However, you will need to restart the program.

Note: You should invoke this function only if you have all of the information required and are ready to import the selected ASCII or Excel Spreadsheet file into the program.

In order for this process to be preformed successfully, the file you are preparing to import **MUST BE** in the EXACT column and date-type order as the Table you are importing into. If this is not done, unrepairable errors may occur and your imported data will not be complete, or may be imported into the incorrect fields of the Table [eg. Social Security # imported into the LAST name column.]

If you are unsure or need additional information, select the requested Table name and press the PRINT TEMPLATE button, before continuing

Table Template Selection

PRINT
TEMPLATE

CANCEL

CONTINUE

Fig. 27

Important Setup Parameters	
Select the Source Type of the Data Being Imported	<input type="radio"/> Text Delimited [ASCII] <input type="radio"/> Excel Spreadsheet <input type="radio"/> Lotus WKS file <input type="radio"/> Lotus WK1 [Version2] <input type="radio"/> Lotus WK3 [Versions 3 & 4]
Enter Full Path Name of Data to be Imported	
Enter Name of Table to Import Data Into	
Does the First Row Contain Field Names	<input type="checkbox"/> YES <input type="checkbox"/> NO
Replace All of the Existing Records?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="button" value="OK"/>	<input type="button" value="CLOSE"/>
<i>Press CLOSE when the import function is completed. (The hour glass will disappear and the floppy drive light will go off.)</i>	

Fig. 29


Export Setup Parameters	
Check Here to Confirm Export	<input type="radio"/>
Enter Name of Table to Export	<input type="text"/> 
Enter Full Path Name of Data Destination (incl. drive specifications, directory name & file name eg. C:\excel\JanAcc.txt)	<input type="text"/>
<input type="button" value="OK"/>	<input type="button" value="CLOSE"/>

Fig. 32

Open Claim?	<input type="checkbox"/>
Disabling Claim?	<input type="checkbox"/>
Investigation Required?	<input type="checkbox"/>

Fig. 33

is a "First Report of Injury" Required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
---	---	-----------------------------

Fig. 30

Accident Form		Accident #: 82	
RECORD LOOKUP:		<input type="button" value="NEW"/> <input type="button" value="DELETE"/> <input type="button" value="EDIT"/> <input type="button" value="CLOSE"/> <input type="button" value="OVERRIDE"/>	
<div>Vital Information</div>		Name Lookup:	
Emp. ID:	Soc. Sec. Number:		
1234567	123-45-6789		
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female			
Birthdate:			
Address:		City:	State: Zip: Phone Number:
2/14/77	17 YRS. 8 MOS.	999	
Adj. Hire Date:	L.O.E:	Company:	Location
JANITOR	2	OFFICE	
Worker Occupation	Dept. #:	Department Name:	Time in Dept.
6	BlueJays		
Team Code:	Team Name:		
<div>Page Down</div>		<div>Page Bottom</div>	
Accident Specifics		OSHA Info.	

Fig. 31


Accident Specifics		Date of Injury: 2/11/95	Time of Injury:
Hospitalized: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Hospital:	Physician:	
Body Part Afflicted: <input checked="" type="checkbox"/> RIGHT WRIST(S)	Body Part Previously Injured? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	If Yes, Explain:	
Nature of Injury: FRACTURE	Incident Type:		
Contrib. Cause: HORSEPLAY	Conditions: POOR LIGHTING		
Company Accident Description	Adv. Info. 	Awareness Code: SLIPS & FALLS	
Corrective Action Taken	Date Completed:	Is a "First Report of Injury" Required? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> Open Claim? <input type="checkbox"/> Disabling Claim? <input checked="" type="checkbox"/> Investigation Required?	Page Up	Vital Statistics	Page Down
		FROI & OSHA Info.	

Fig. 34

Accident Report - Advanced Information			
Reference:	<div></div> <div>Return</div>		
<div>Primary Cause.</div> <div>HORSEPLAY</div> <div>Secondary Causes</div> <div>Caught in, Under, Between</div> <div>Summary:</div> <div>Confined Space Excessive Exposure</div>	<div>Primary Condition.</div> <div>POOR LIGHTING</div> <div>Secondary Conditions:</div> <div>EXCESSIVE EXPOSURE</div> <div>Summary:</div>	<div>Primary Witness.</div> <div>Supplemental Witnesses:</div> <div>Summary:</div>	

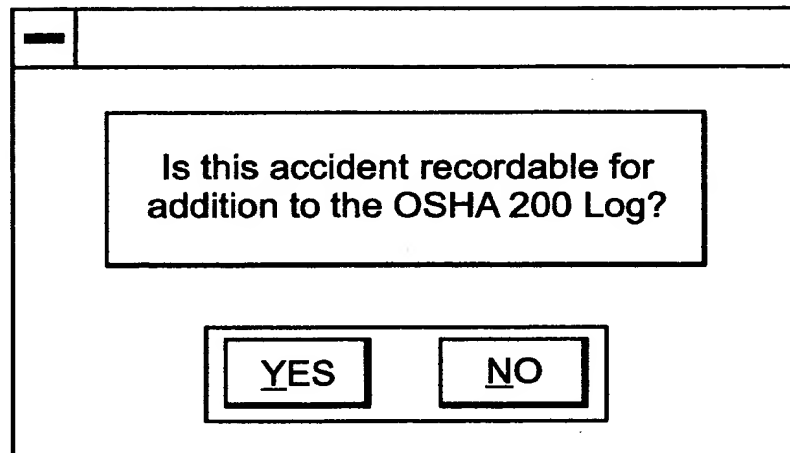
Fig. 35

Employee Accident Description		If version does not differ from Co. Description, copy & paste from above	
Witness: <input type="text"/>		Street Address of Accident: <input type="text"/>	
Date Co. Knew: <input type="text"/>		County of Injury: <input type="text"/>	
Injured on Premises? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Injured While on the Job? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	Other Workers Injured? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Did someone else cause accident? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Was accident caused by failure of machinery or product? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Is worker an Owner of Officer? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Working Shift Start: <input type="text"/> End: <input type="text"/>	Date Worker Left: <input type="text"/>	Time Worker Left: <input type="text"/>	Date Worker Returned: <input type="text"/>
Number Hrs. Per Shift: <input type="text"/> 8	Days per week worked: 3 or Less <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/>	Scheduled Days Off: S <input checked="" type="checkbox"/> M <input checked="" type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/>	Wage: <input type="text"/> \$9.00 <input checked="" type="checkbox"/> Hr. <input type="checkbox"/> Wk. <input type="checkbox"/> Yr. <input type="checkbox"/> Day <input type="checkbox"/> Mo.
Page Up	Accident Specifics	Page Top	Vital Statistics
		Page Down	OSHA 200 LOG Entry

Fig. 36

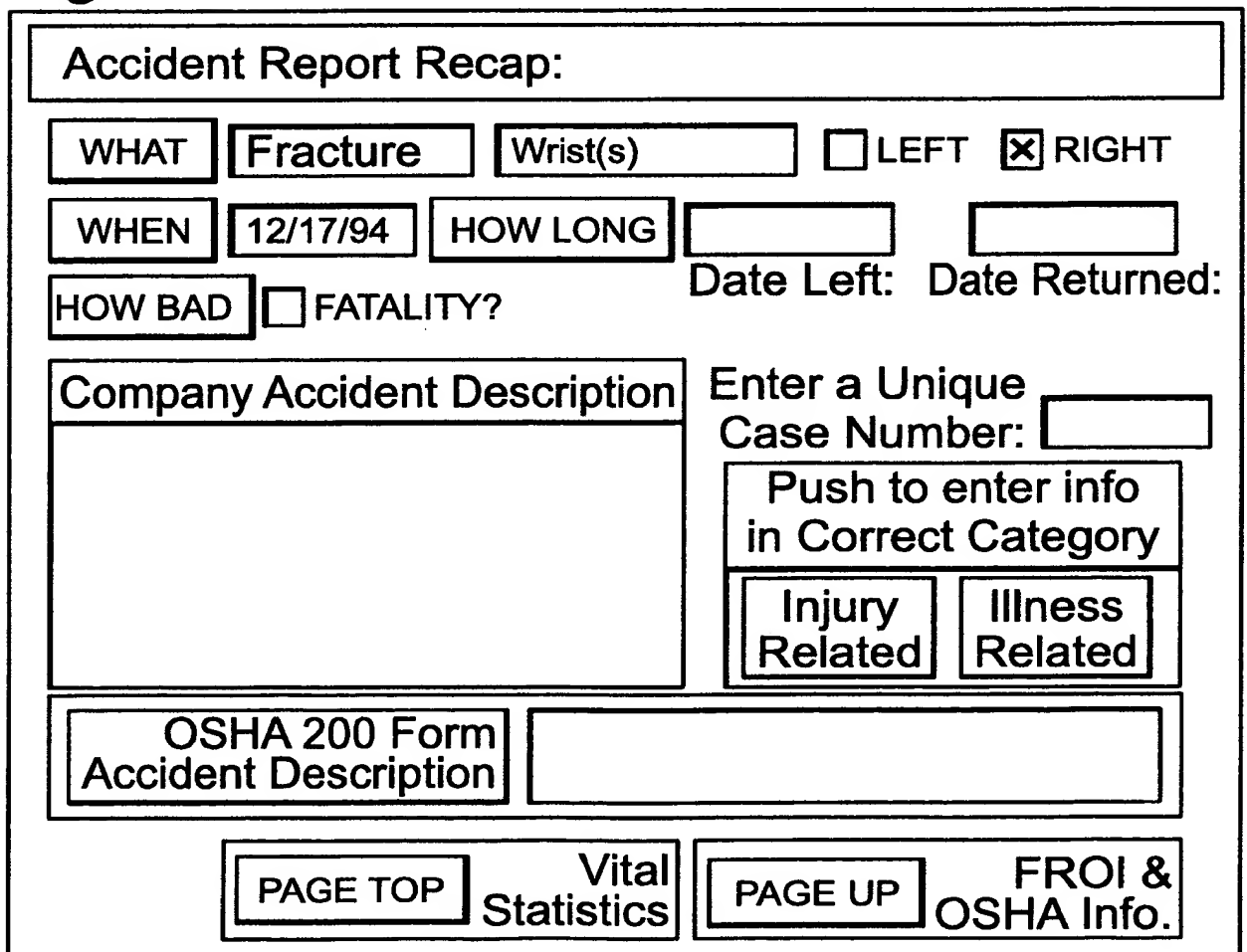
First Report of Injury - State Exceptions	
In addition to the information already provided, your state also requires the following: <input type="button" value="RETURN"/>	
OSHA CASE #:	Employee Policy #:
Case #:	Was Salary Continued?: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Employee Class Code:	Paid full wages for day of Injury?: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Value of other payments not recorded:	If a fatality, what is the date of death?:
Gross Wages/Salary:	
Employer Type:	
Hospital Address:	
Physician's Address:	
What was worker doing at the time of Injury?:	What equipment /material was the employee using during time of Injury?:

Fig. 37



Is this accident recordable for addition to the OSHA 200 Log?

Fig. 38



Accident Report Recap:

WHAT ☐ LEFT ☒ RIGHT

WHEN HOW LONG

HOW BAD ☐ FATALITY? Date Left: Date Returned:

Company Accident Description

Enter a Unique Case Number:

Push to enter info in Correct Category

OSHA 200 Form Accident Description

Vital Statistics FROI & OSHA Info.

Fig. 39

Injury Related		Nonfatal Injuries			Injures With Lost Work Days		Injures Without Lost Workdays
Fatalities							
Injury Related	Enter a CHECK if injury involves days away from work, or days of restricted work activity or both.	Enter a CHECK if injury involves days away from work.	Enter number of DAYS away from work.	Enter number of DAYS of restricted work activity.	Enter a CHECK if no entry was made in columns 1 or 2 but the injury is recordable as defined above.		
Enter DATE of death.							
Mo/da/yr							
(1)	(2)	(3)	(4)	(5)	(6)		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PAGE TOP

Vital Statistics

PAGE UP

OSHA 200 LOG Info.

Fig. 40

(7) Type of Illness <i>Check only one column for each illness</i>				
Occupational Skin Diseases or Disorders <input type="checkbox"/> (a) Disorders Due to Physical Agents <input type="checkbox"/> (e) Dust Diseases of the Lungs <input type="checkbox"/> (b) Disorders Associated with Repeated Trauma <input type="checkbox"/> (f) Respiratory Conditions Due to Toxic Agents <input type="checkbox"/> (c) All Other Occupational Illnesses <input type="checkbox"/> (g) Poisoning (systemic effects of toxic materials) <input type="checkbox"/> (d)				
Illness Related				
Fatalities	Nonfatal Illnesses			Illnesses Without Lost Workdays
	Illness With Lost Work Days			
Illness Related Enter DATE of death. Mo/da/yr	Enter a CHECK if illness involves days away from work, or days of restricted work activity or both.	Enter a CHECK if illness involves days away from work.	Enter number of DAYS of restricted work activity.	Enter a CHECK if no entry was made in columns 1 or 2 but the illness is recordable as defined above. (13)
(8) <input type="text"/>	(9) <input type="text"/>	(10) <input type="text"/>	(11) <input type="text"/>	(12) <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Fig. 41

Advanced Accident Investigation:																						
RECORD LOOKUP:	<input style="width: 90%;" type="text"/> <input style="width: 10%; text-align: center;" type="button" value="↕"/>	<input style="width: 100%;" type="button" value="◀"/> <input style="width: 100%;" type="button" value="▶"/> <input style="width: 100%;" type="button" value="◀▶"/> <input style="width: 100%;" type="button" value="⏮"/> <input style="width: 100%;" type="button" value="⏭"/>	<input style="width: 100%;" type="button" value="CLOSE"/>	Accident ID <input style="width: 40%;" type="text"/> 86																		
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border: 1px solid black; padding: 5px; width: 20%;">Report Overview</div> <div style="border: 1px solid black; padding: 5px; width: 40%;">Enter any investigation report #</div> <div style="border: 1px solid black; padding: 5px; width: 20%;">5342</div> </div>																						
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p>Name: <input style="width: 90%;" type="text"/></p> <p>DOB: <input style="width: 90%;" type="text"/></p> </div> <div style="width: 30%;"> <p>SSN: <input style="width: 90%;" type="text"/></p> </div> <div style="width: 30%;"> <p>Trucking Dept. Name: <input style="width: 90%;" type="text"/></p> <p>Company <input style="width: 90%;" type="text"/></p> </div> </div>																						
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p>Date: <input style="width: 90%;" type="text"/> 10/17/94</p> </div> <div style="width: 30%;"> <p>Location: <input style="width: 90%;" type="text"/></p> </div> <div style="width: 30%;"> <p>6 months Time in Dept. <input style="width: 90%;" type="text"/></p> <p>999 Locale: <input style="width: 90%;" type="text"/></p> </div> </div>																						
<div style="border: 1px solid black; padding: 5px;"> Description <input style="width: 90%;" type="text"/> Employee's right arm was amputated </div>																						
<div style="display: flex; justify-content: space-between;"> <div style="width: 20%;"> Report Status <input style="width: 90%;" type="text"/> </div> <div style="width: 20%;"> Initial Report <input style="width: 90%;" type="text"/> </div> <div style="width: 20%;"> Investigation <input style="width: 90%;" type="text"/> </div> </div>																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Nature</th> <th style="width: 15%;">Date</th> <th style="width: 15%;">C.Action</th> <th style="width: 15%;">BodyPart</th> <th style="width: 15%;">Incid.Type</th> <th style="width: 15%;">Cause</th> <th style="width: 15%;">P.Action</th> <th style="width: 15%;">Acknowl.</th> <th style="width: 15%;">Completed</th> </tr> </thead> <tbody> <tr> <td><input style="width: 90%;" type="text"/></td> <td><input style="width: 90%;" type="text"/></td> <td><input style="width: 90%;" type="text"/></td> <td><input style="width: 90%;" type="text"/></td> <td><input style="width: 90%;" type="text"/></td> <td><input style="width: 90%;" type="text"/></td> <td><input style="width: 90%;" type="text"/></td> <td><input style="width: 90%;" type="text"/></td> <td><input style="width: 90%;" type="text"/></td> </tr> </tbody> </table>					Nature	Date	C.Action	BodyPart	Incid.Type	Cause	P.Action	Acknowl.	Completed	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
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<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> Incident Investigation <input style="width: 90%;" type="text"/> </div> <div style="width: 30%;"> Training & Special Info. <input style="width: 90%;" type="text"/> </div> </div>																						

Fig. 42

Investigation Support				COUNT		
WHAT	Break	WHEN	10/17/94	-AT- 8:00:00 a.m.	COUNT	2
WHERE		CONDITION	Confined Space			12
WHAT KIND		HOW BAD?	FATALITY: <input type="checkbox"/>	HOSPITALIZED: <input type="checkbox"/>		
BODY PART	Arm(s) <input type="checkbox"/> L <input checked="" type="checkbox"/> R	OSHA status	FROI to be Filed?: <input checked="" type="checkbox"/>			
HOW LONG?	-TO-		200 Log Recordable? <input type="checkbox"/>			
Accident Description:		Employee's right arm was amputated.				
Corrective Action Description:		Nothing.		Corrective Action Taken:		10/18/94
Probable Root Cause:		Hazard		<input type="button" value="Report Overview"/> <input type="button" value="Training & Special Info."/>		

Fig. 43

Training History		Investigation Notes: Employee determined to be incompetent.	
Class Name	Class Date:	Re-Training:	
Basic CPR	1/16/95	5/16/95	
Basic CPR	5/17/94	9/14/94	
Basic CPR	6/14/94	10/12/94	
Accident History			
Date	Nature of Injury	Body Part	Incident Type
12/2/94	Bruise	Ankle(s)	Struck By
			Slippery Floor
			Hazard
Preventative Action Taken: Have changed policies re: accident procedures			
Corrective Action Assigned to:		Date Completed:	1/15/09
Investigated By:			
Performance Analysis			
2	2	100.00%	
Co. Avg. Acc total this Individual			
#pp	Person	Performance	
Report Overview		Advanced Investigation	

Fig. 44

Accident Related Information			
Date of Corrective Action Entry Review Form			
Lookup: <input type="text"/>		<input type="button" value="F1"/> <input type="button" value="F2"/> <input type="button" value="F3"/> <input type="button" value="F4"/> <input type="button" value="F5"/> <input type="button" value="F6"/> <input type="button" value="F7"/> <input type="button" value="F8"/> <input type="button" value="F9"/> <input type="button" value="F10"/> <input type="button" value="F11"/> <input type="button" value="F12"/> <input type="button" value="F13"/> <input type="button" value="F14"/> <input type="button" value="F15"/> <input type="button" value="F16"/> <input type="button" value="F17"/> <input type="button" value="F18"/> <input type="button" value="F19"/> <input type="button" value="F20"/> <input type="button" value="F21"/> <input type="button" value="F22"/> <input type="button" value="F23"/> <input type="button" value="F24"/> <input type="button" value="F25"/> <input type="button" value="F26"/> <input type="button" value="F27"/> <input type="button" value="F28"/> <input type="button" value="F29"/> <input type="button" value="F30"/> <input type="button" value="F31"/> <input type="button" value="F32"/> <input type="button" value="F33"/> <input type="button" value="F34"/> <input type="button" value="F35"/> <input type="button" value="F36"/> <input type="button" value="F37"/> <input type="button" value="F38"/> <input type="button" value="F39"/> <input type="button" value="F40"/> <input type="button" value="F41"/> <input type="button" value="F42"/> <input type="button" value="F43"/> <input type="button" value="F44"/> <input type="button" value="F45"/> <input type="button" value="F46"/> <input type="button" value="F47"/> <input type="button" value="F48"/> <input type="button" value="F49"/> <input type="button" value="F50"/> <input type="button" value="F51"/> <input type="button" value="F52"/> <input type="button" value="F53"/> <input type="button" value="F54"/> <input type="button" value="F55"/> <input type="button" value="F56"/> <input type="button" value="F57"/> <input type="button" value="F58"/> <input type="button" value="F59"/> <input type="button" value="F60"/> <input type="button" value="F61"/> <input type="button" value="F62"/> <input type="button" value="F63"/> <input type="button" value="F64"/> <input type="button" value="F65"/> <input type="button" value="F66"/> <input type="button" value="F67"/> <input type="button" value="F68"/> <input type="button" value="F69"/> <input type="button" value="F70"/> <input type="button" value="F71"/> <input type="button" value="F72"/> <input type="button" value="F73"/> <input type="button" value="F74"/> <input type="button" value="F75"/> <input type="button" value="F76"/> <input type="button" value="F77"/> <input type="button" value="F78"/> <input type="button" value="F79"/> <input type="button" value="F80"/> <input type="button" value="F81"/> <input type="button" value="F82"/> <input type="button" value="F83"/> <input type="button" value="F84"/> <input type="button" value="F85"/> <input type="button" value="F86"/> <input type="button" value="F87"/> <input type="button" value="F88"/> <input type="button" value="F89"/> <input type="button" value="F90"/> <input type="button" value="F91"/> <input type="button" value="F92"/> <input type="button" value="F93"/> <input type="button" value="F94"/> <input type="button" value="F95"/> <input type="button" value="F96"/> <input type="button" value="F97"/> <input type="button" value="F98"/> <input type="button" value="F99"/> <input type="button" value="F100"/>	
Date of Injury	Name	Nature & Type of Injury	Corrective Action Taken
1/8/97	Employee Name	Bruise	
		Lock Out / Tag Out	
6/11/92	Employee Name	Asphyxiation	
		Respiratory Protection	
4/11/93	Employee Name	Eye	
		Eye Protection	
1/14/94	Employee Name	Thermal/Chemical Burn	Have shut down the furnaces and ordered repairs made.
		Lock Out / Tag Out	
2/11/94	Employee Name	Burn - Chemical/Illness	
		Hazardous Materials	

Fig. 45

TRAFFIC ACCIDENT AND INSURANCE REPORT

Lookup: Accident #

REPORT DIRECTORY

Employee Lookup:

Employee Name and SS#

Press to Select

VEHICLE #1

Driver

Vehicle Info

Passengers

Insurance Info.

VEHICLE #2

Driver

Vehicle Info

If Accident involved someone outside of a motor vehicle, answer the following questions.

INFORMATION OTHER:

Involved Pedestrian ☐ Name:

Involved Bicyclist ☐ Address:

Fig. 49

1ST Quarter

January

February

March

[illegible]

[illegible]

Fig. 48

Monthly Safety Admin. - Hours Worked Entry Form																			
Year Lookup:		<input type="text"/>		<input type="button" value="↕"/>		<input type="button" value="⏮"/>		<input type="button" value="⏭"/>		<input type="button" value="⏪"/>		<input type="button" value="⏩"/>		<input type="button" value="DELETE"/>		<input type="button" value="ADD"/>		<input type="button" value="CLOSE"/>	
Company Name:		<input type="text"/>		<input type="button" value="↕"/>		Plant Location#:		<input type="text" value="999"/>		<input type="button" value="↕"/>									
								Submitted To:		<input type="text" value="1"/>									
THIS REPORT COVERS THE FISCAL YEAR LISTED BELOW:																			
										<input type="text" value="1993"/>									
Authorization / Routing																			
<input type="text"/>										<input type="text"/>									
Production Manager:										General Manager:									
<input type="text"/>										<input type="text"/>									
Select Quarter																			
<input type="text" value="1st Quarter"/>										<input type="text" value="2nd Quarter"/>									
										<input type="text" value="3rd Quarter"/>									
										<input type="text" value="4th Quarter"/>									

Fig. 50

S.O.S. Report Form

Lookup:

Report Basics:

Report ID

Reported By:

Company Employee ☐

Non Employee ☐

If reported by a company employee, use the "name lookup" box below, to select the person's name who is reporting

Name Lookup:

Last

First

Address

City

State

Zip

Phone

Mail Stop / Location

Company

Affected Persons (If different than above i.e. contractor, visitor, etc.):

Page Down

Incident Specifics

Lookup:

Report Basics:

Report ID

Reported By:

Company Employee ☐

Non Employee ☐

If reported by a company employee, use the "name lookup" box below, to select the person's name who is reporting

Name Lookup:

Last

First

Address

City

State

Zip

Phone

Mail Stop / Location

Company

Affected Persons (If different than above i.e. contractor, visitor, etc.):

Page Down

Incident Specifics

Fig. 51

Incident Specifics		Date Observed: <input type="text"/>	Time: <input type="text" value="10:00 A.M."/>
Incident Location: <input type="text"/>		Incident Type: <input type="text" value="↓"/>	
Incident Nature: <input type="text" value="Break"/>		Conditions: <input type="text" value="Faulty Floor or Surface"/>	
Incident Description		Witness: <input type="text"/>	
Corrective Action Taken <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes complete the following information</i>			
Date Completed: <input type="text"/>		Description: <input type="text"/>	
Did you involve your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No Their Name: <input type="text"/>			
Is further action needed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, suggestions: <input type="text"/>			
		<input type="text" value="Page Up"/> <input type="text" value="Report Basics"/>	

Fig. 52

S.O.S. Investigation											
Lookup:		<input type="text"/>		<input type="button" value="↕"/>		<input type="button" value="⏪"/>		<input type="button" value="⏩"/>		<input type="button" value="CLOSE"/>	
Report Overview		Report ID		<input type="text" value="1005"/>							
Submitted By:		<input type="checkbox"/> Company Employee <input type="checkbox"/> Non Employee									
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
Name		Mail Stop / Location		Address		City		State		Zip	
Affected Persons:		<input type="text"/>									
Description:		<input type="text"/>									
Report Status		Initial Report		Investigation							
Nature		Date		C.Action		Supvr.		Action Nd.		Cause	
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
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<input type="text"/>		<input type="text"/>									

Fig. 53

Training - Enrollment Form									
Class Lookup: <input style="width: 100%;" type="text"/>		<input type="button" value="⬅"/>		<input type="button" value="➡"/>		<input type="button" value="⏪"/>		<input type="button" value="⏩"/>	
<input type="button" value="ADD"/>		<input type="button" value="DELETE"/>		<input type="button" value="EDIT"/>		<input type="button" value="CLOSE"/>			
CODE: <input style="width: 100%;" type="text"/>		CASS NAME: <input style="width: 100%;" type="text"/>		SUBJECT: <input style="width: 100%;" type="text"/>		Re-Training Interval: <input style="width: 100%;" type="text"/>			
CPR 101		Basic CPR		Basic CPR Technique Training		Four Months		<input type="button" value="↕"/>	
Date: <input style="width: 100%;" type="text"/>		5/17/94		Instructor: <input style="width: 100%;" type="text"/>		<input type="button" value="]]Next Date:"/>		Create New Date: <input style="width: 100%;" type="text"/>	
Location: <input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>		Test ID: <input style="width: 100%;" type="text"/>		<input type="button" value="[[Prev. Date:"/>			
Attendees:									
Name Lookup		Last		Last		Dept. Name		Company <input type="button" value="↑"/>	
▶ Full Name - SSN <input type="button" value="⬇"/>		Last Name		First Name		Office		Company Name	
		Last Name		First Name		Office		Company Name	
		Last Name		First Name		Office		Company Name	
		Last Name		First Name		Office		Company Name	
		Last Name		First Name		Office		Company Name	
◀ Record: 1		<input type="button" value="⏪"/>		<input type="button" value="⏩"/>		<input type="button" value="⏪"/>		<input type="button" value="⏩"/>	

Fig. 54

RE-TRAINING - Enrollment Form									
Class Lookup: <input style="width: 100px;" type="text"/>		<input type="button" value="↕"/> <input type="button" value="⏮"/> <input type="button" value="⏪"/> <input type="button" value="⏩"/> <input type="button" value="⏭"/>		<input type="button" value="CLOSE"/>					
CODE:	CASS NAME:	SUBJECT:	Re-Training Interval:						
CPR 101	Basic CPR	Basic CPR Technique Training	Four Months		<input type="button" value="↕"/>				
Date:	4/1/94	Instructor:	<input style="width: 100px;" type="text"/>		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 5px; text-align: center;"> >>Next Date: Create New Date: </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <<Prev. Date: </div> </div>				
Location:	<input style="width: 100px;" type="text"/>	Test ID:	<input style="width: 100px;" type="text"/>						
Attendees:									
Name Lookup	Last	Last	Dept. Name	Company					
▶	<input style="width: 100px;" type="text"/> <input style="float: right; width: 30px;" type="button" value="↕"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>					
<div style="display: flex; justify-content: space-between; align-items: center;"> ⏮ ⏪ ⏩ ⏭ Record: 1 ⏮ ⏪ ⏩ ⏭ <input style="width: 50px;" type="text"/> <input type="button" value="↕"/> </div>									

Fig. 55

<p>Create or Modify a test</p> <p> <input type="text"/> <input type="button" value="↕"/> or <input type="button" value="New"/> </p>	
<input type="text" value="Test Name"/>	<input type="text" value="Advanced CPR"/>
<input type="text" value="Test Subject"/>	<input type="text" value="Advanced CPR Training"/>


<p>Question:  When performing CPR, what is the correct ratio of "breaths" to "beats?"</p>	<p>Points <input type="text" value="10"/></p> <p>Type <input type="text" value="B"/></p>
<p>ANSWERS</p> <p> <input type="radio"/> A. 5 breaths to 2 beats <input checked="" type="radio"/> B. 2 breaths to 5 beats <input type="radio"/> A. 4 breaths to 3 beats </p>	
<p> <input type="button" value="Previous Question"/> <input type="button" value="Next Question"/> </p>	

Fig. 56

Score a Test

Session ID
CPR 101

Test

Advanced CPR

Student

Go to Test Entry Screen

Close

Number	Answer	Score	Question	Correct Responses
1	2	10	When performing CPR, what is the	(2 10) B,2 breaths to 5 Beats
2	1	0	Before performing CPR, you should	(2 10) FALSE
3	1	10	You should open a victim's mouth	(1 10) TRUE
4	1	10	How long should you continue the	(1 10) A - Until professional m
0	1			

4 Questions

30 Points Total

Fig. 57

Test Question Summary

Test

Advanced CPR

Advanced CPR Training

Modify This Test

Close

#	Question	Answer	Points
1	When performing CPR, what is the correct ratio of for "b	B. 2 breaths to 5 Beats	10
2	Before performing CPR, you should move the person	FALSE	10
3	You should open a victim's mouth and check for obstruct	TRUE	10
4	How long should you continue the procedure once it i	A. Until professional medical	10

Fig. 58

Cost of Accident			
!!!Lookup:	<input type="text"/>	<input type="button"/> <input type="button"/> <input type="button"/> <input type="button"/> <input type="button"/> <input type="button"/>	<input type="button"/> CLOSE
Vital Information			
Last:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	First:	Date of Birth:	Soc. Sec. #:
Accident Report Recap:			
10/17/94	Break	Arm(s)	Lock Out / Tag Out <input type="checkbox"/>
Date of Injury	Nature of Injury	Body Part	Accident Type Fatality?
Description:	Employee's right arm was amputated.		
Accident Costs:			
Direct Medical Costs:	\$500.00		
Compensation Costs:	\$100.00		
Administration Costs:	\$120.00		
Initial Accident Costs:	\$720.00		
Estimated Reserves:	\$2,000.00		

Fig. 59

Worker's Compensation Analysis - Setup Form	
CLOSE	
Name of Primary Product	Plastics
Avg. Retail Cost per Unit	\$15,000.00
Avg. % of Profit per Unit	20.00%
# Mfg. Days Req. per Unit	1
Record: 1	

Fig. 60

Advanced Tracking - Entry Screen									
III LOOKUP:		<input type="text"/>		<input type="button" value="⏏"/>		<input type="button" value="⏏"/>		<input type="button" value="⏏"/>	
		<input type="button" value="⏏"/>		<input type="button" value="⏏"/>		<input type="button" value="⏏"/>		<input type="button" value="⏏"/>	
Soc. Sec. Number:		Name Lookup:							
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
Last		First		Adj. Hire Date:		L.O.E.:		Dept. #:	
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
Date Absent:		Date Returned:		Absence Code:					
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
Corrective Action Required?		Corrective Action Taken:							
<input checked="" type="checkbox"/>		<input type="checkbox"/>							

Fig. 61

OSHA 200 Information	
Record Lookup:	<input type="text"/> <input type="button" value="↕"/> <input type="button" value="◀"/> <input type="button" value="▶"/> <input type="button" value="CLOSE"/> <input type="button" value="DELETE"/>
Vital Information	
Enter a Case Number: <input type="text"/>	
<input type="text"/>	<input type="text"/> 5/17/47 <input type="text"/> 12/2/94
Name:	Date of Birth Soc. Sec. #: Date of Injury:
<input type="text"/> 6/18/81 <input type="text"/> 13yrs - 6mos	Department: <input type="text"/> 5 <input type="text"/> Retail
Date of Hire: L.O.E.:	Dept. Name:
Time in Dept: <input type="text"/>	Occupation: <input type="text"/> Supervisor
Accident Recap Injury Related Illness Related	

Fig. 62

Accident Report Recap:			
WHAT	Fracture	Wrist(s)	<input type="checkbox"/> LEFT <input checked="" type="checkbox"/> RIGHT
WHEN	12/17/94	HOW LONG	
HOW BAD	<input type="checkbox"/> FATALITY?	Date Left:	Date Returned:
Company Accident Description		Enter a Unique Case Number:	
		Push to enter info in Correct Category	
		Injury Related	Illness Related
OSHA 200 Form Accident Description			
PAGE TOP		Vital Statistics	PAGE UP
		FROI & OSHA Info.	

Fig. 66


OSHA - First Report of Injury	
Select Accident File	<input type="text"/> 
CONFIRMATION	
<u>Last Name</u>	<u>Date of Injury</u>
<input type="text"/>	<input type="text"/>
OPTIONS	
<input type="button" value="Print Preview"/>	<input type="button" value="Print"/>
<input type="button" value="CANCEL"/>	

Fig. 63

Injury Related		Nonfatal Injuries			Injuries With Lost Work Days			Injuries Without Lost Workdays	
Fatalities									
Injury Related		Enter a CHECK if injury involves days away from work, or days of restricted work activity or both.	Enter a CHECK if injury involves days away from work.	Enter number of DAYS away from work.	Enter number of DAYS of restricted work activity.	Enter a CHECK if no entry was made in columns 1 or 2 but the injury is recordable as defined above.			
Enter DATE of death.									
Mo/da/yr									
(1)	(2)	(3)	(4)	(5)	(6)				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Fig. 64

Accident Report by Period	
Related Categories	Report Period
Select report data criteria from any or all of the below listed categories	Enter the report START and END dates
Nature of Injury	START END
Accident Type	
Cause	To further customize your report, one or all of the following may be selected
Condition	Company
Body Part	???? ???? ???? Department
OPTIONS	
Print Preview	Print
CANCEL	

Fig. 65

<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <h2 style="margin: 0;">Accident Analysis - Parameter Defined</h2> </div>																											
<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> Related Categories </div> <p>Select report data criteria from any or all of the below listed categories</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 5px;">Nature of Injury</td> <td style="border: 1px solid black; padding: 5px;"><input type="text"/></td> <td style="border: 1px solid black; padding: 5px; text-align: center;">↓↑</td> </tr> <tr> <td style="border: 1px solid black; padding: 5px;">Accident Type</td> <td style="border: 1px solid black; padding: 5px;"><input type="text"/></td> <td style="border: 1px solid black; padding: 5px; text-align: center;">↓↑</td> </tr> <tr> <td style="border: 1px solid black; padding: 5px;">Cause</td> <td style="border: 1px solid black; padding: 5px;"><input type="text"/></td> <td style="border: 1px solid black; padding: 5px; text-align: center;">↓↑</td> </tr> <tr> <td style="border: 1px solid black; padding: 5px;">Condition</td> <td style="border: 1px solid black; padding: 5px;"><input type="text"/></td> <td style="border: 1px solid black; padding: 5px; text-align: center;">↓↑</td> </tr> <tr> <td style="border: 1px solid black; padding: 5px;">Body Part</td> <td style="border: 1px solid black; padding: 5px;"><input type="text"/></td> <td style="border: 1px solid black; padding: 5px; text-align: center;">↓↑</td> </tr> </table>	Nature of Injury	<input type="text"/>	↓↑	Accident Type	<input type="text"/>	↓↑	Cause	<input type="text"/>	↓↑	Condition	<input type="text"/>	↓↑	Body Part	<input type="text"/>	↓↑	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> Report Period </div> <p>Enter the report START and END dates</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 5px; width: 50%; text-align: center;">START</td> <td style="border: 1px solid black; padding: 5px; width: 50%; text-align: center;">END</td> </tr> </table> <p>To further customize your report, one or all of the following may be selected</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 5px; width: 33%;">Company</td> <td style="border: 1px solid black; padding: 5px; width: 33%; text-align: center;">↓↑</td> <td style="border: 1px solid black; padding: 5px; width: 33%; text-align: center;">↓↑</td> </tr> <tr> <td style="border: 1px solid black; padding: 5px;">????</td> <td style="border: 1px solid black; padding: 5px;">????</td> <td style="border: 1px solid black; padding: 5px; text-align: center;">↓↑</td> </tr> <tr> <td style="border: 1px solid black; padding: 5px;">Department</td> <td style="border: 1px solid black; padding: 5px;"></td> <td style="border: 1px solid black; padding: 5px; text-align: center;">↓↑</td> </tr> </table>	START	END	Company	↓↑	↓↑	????	????	↓↑	Department		↓↑
Nature of Injury	<input type="text"/>	↓↑																									
Accident Type	<input type="text"/>	↓↑																									
Cause	<input type="text"/>	↓↑																									
Condition	<input type="text"/>	↓↑																									
Body Part	<input type="text"/>	↓↑																									
START	END																										
Company	↓↑	↓↑																									
????	????	↓↑																									
Department		↓↑																									
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> OPTIONS </div> <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="border: 1px solid black; padding: 5px; width: 50%; text-align: center;">Print Preview</td> <td style="border: 1px solid black; padding: 5px; width: 50%; text-align: center;">Print</td> </tr> <tr> <td colspan="2" style="border: 1px solid black; padding: 5px; text-align: center;"> <div style="border: 1px solid black; padding: 5px; display: inline-block; margin: 0 auto; width: 80%;"> CANCEL </div> </td> </tr> </table>		Print Preview	Print	<div style="border: 1px solid black; padding: 5px; display: inline-block; margin: 0 auto; width: 80%;"> CANCEL </div>																							
Print Preview	Print																										
<div style="border: 1px solid black; padding: 5px; display: inline-block; margin: 0 auto; width: 80%;"> CANCEL </div>																											

Fig. 67

-	
<div>Enter Year To Be Processed</div>	
<div></div>	
<div>To further customize your OSHA 200 Log one or all of the following may be selected:</div>	
Company	<div></div>
Division / Plant	<div></div>
Department	<div></div>
<div>Print Preview</div>	
<div>Print</div>	
<div>CANCEL</div>	

Fig. 68

The form is titled "OSHA Year End Questionnaire" and is enclosed in a window with a standard title bar. It contains several input fields and buttons. At the top, there is a label "Enter Year To Process" with a corresponding input field. Below this, there are two input fields for "Enter Starting Month:" and "Enter Ending Month:", each with a dropdown arrow icon. Further down, there are two input fields for "Starting Day:" and "Ending Day:". A note below these fields states: "Optional. If left blank, all days will be displayed". At the bottom, there is a section labeled "OPTIONS" containing three buttons: "Print Preview", "Print", and "CANCEL".

OSHA Year End Questionnaire

Enter Year To Process

Enter Starting Month: ▾

Enter Ending Month: ▾

Starting Day:

Ending Day:

Optional. If left blank, all days will be displayed

OPTIONS

Print Preview

Print

CANCEL

Fig. 69

Accident Related Graphs

Select Graph to Open:

- ☐ Accident Reminders ☐ PCT. By Dept.
- ☐ Body Parts
- ☐ Costs / Hi-to-Lo
- ☐ Departments
- ☐ Freq. By Day of the Week
- ☐ Freq. By Time of the Day
- ☐ Injuries Avg. Cost
- ☐ Length of Emp.
- ☐ Monthly Totals
- ☐ Nature of Injury

Description:

Option:

Preview

Print

Design

Enter Year to Process -to-

Press to Select Multi-Yr Comparisons

To further customize your graphs, one or all of the following may be selected

<input style="width: 90%;" type="text"/>	Company	<input style="width: 90%;" type="text"/>	↕
<input style="width: 90%;" type="text"/>	Division / Plant	<input style="width: 90%;" type="text"/>	↕
<input style="width: 90%;" type="text"/>	Department	<input style="width: 90%;" type="text"/>	↕

Fig. 70

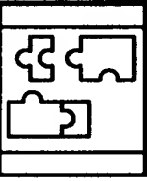



Accident Related Graphs										
Enter Year to Process <input type="text"/> -to- <input type="text"/>	Press to Select Multi-Yr Comparisons 									
Select Graph to Open: <ul style="list-style-type: none"> <input type="radio"/> Accident Reminders <input type="radio"/> Body Parts <input type="radio"/> Condition Type <input type="radio"/> Costs / Hi to Lo <input type="radio"/> Departments <input type="radio"/> Freq. By Day of the Week <input type="radio"/> Freq. By Time of the Day <input type="radio"/> Incident Types <input type="radio"/> Injuries Avg. Cost <input type="radio"/> Monthly Totals 	Nature of Injury <input type="radio"/> PCT By Dept.									
Description: <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	Option: <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;">  Preview </div> <div style="text-align: center;">  Print </div> <div style="text-align: center;">  Design </div> </div>									
To further customize your graphs, one or all of the following may be selected <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Company</td> <td style="width: 33%;"><input type="text"/></td> <td style="width: 33%;"><input type="text"/></td> </tr> <tr> <td>Division / Plant</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Department</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>		Company	<input type="text"/>	<input type="text"/>	Division / Plant	<input type="text"/>	<input type="text"/>	Department	<input type="text"/>	<input type="text"/>
Company	<input type="text"/>	<input type="text"/>								
Division / Plant	<input type="text"/>	<input type="text"/>								
Department	<input type="text"/>	<input type="text"/>								

Fig. 71

Accident Related Graphs

Enter Year to Process

Press to Select Multi-Yr Comparison

Select Graph to Open:

☐ Accident Reminders
 ☐ ??? By Dept.

☐ Body Parts
 ☐ Costs / Hi to Lo
 ☐ Departments
 ☐ Freq. By Day of the Week
 ☐ Freq. By Time of the Day
 ☐ Injuries Avg. Cost
 ☐ Length of Emp.
 ☐ Monthly Totals
 ☐ Nature of Injury

Description

Options

Preview

Print

Design

To further customize your graphs, one or all of the following may be selected

Company

Division / Plant

Department